PTO/SB/06 (07-06)

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U.S. Patent and Tradems Chice; U.S. Debarts of information unless it itembrary and its OMB center and unless the information unless it itembrary and its U.S. Patent and Tradems.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/561,219			ing Date 19/2005	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)	
	BASIC FEE	\neg	N/A	LED INOI	N/A		N/A	TEE (a)	i	N/A	TEE (0)	
┢	(37 CFR 1.16(a), (b), s SEARCH FEF	or (c))	N/A						ł			
౼	(37 CFR 1.16(k), (i), (ii)		N/A N/A	-	N/A N/A		N/A		ł	N/A		
	(37 CFR 1.16(a), (p), (TAL CLAIMS		minus 20 =		N/A		N/A x s =		OR	N/A x s =		
INE	CFR 1.16(i)) EPENDENT CLAIM	s	minus 20 = *				x \$ =		OK	x s =		
(37	CFR 1.16(h))	If the	If the specification and dra		trawings exceed 100		A# -		ı	^* -		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 :	n size fee due								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								1			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		1	TOTAL		
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) SMALL ENTITY									OTHER THAN OR SMALL ENTITY			
AMENDMENT	04/28/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(i))	• 16	Minus	·· 31	= 0	1	x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 2	Minus	3	= 0	1	x \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))								T		i	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus	**		1	x \$ =		OR	x \$ =		
	Independent (37 CFR 1,16(h))		Minus	***	-]	x \$ =		OR	x s =		
	Application Size Fee (37 CFR 1.16(s))]			1			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR			
									OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write 10° in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in life (and by the USETO to concess) an implication. Confidentially is governed by 85 USE v. 22 and 37 CER 1.4. If this collection is estimated to state 2 relativeste to complete in exident gradients, preparing, and submitting the completed application form to the USETO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double to sent of the CENTED (Finewall by sent to the CENTED FORMS TO THIS SENTING THE CENTED FORMS TO THIS SENTING THE CENTED FORMS TO THIS ADDRESS SENTING TO: Commissioner for Pathson, P.O., Dox 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SENTING TO: Commissioner for Pathson, P.O., Dox 1450, Alexandria, VA 2233-3450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SENTING TO: Commissioner for Pathson, P.O., Dox 1450, Alexandria, VA 2233-3450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SENTING TO: Commissioner for Pathson, P.O., Dox 1450, Alexandria, VA 2233-3450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SENTING TO: Commissioner for Pathson, P.O., Dox 1450, Alexandria, VA 2233-3450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SENTING TO COMPLETE SENTING TO COMPLETE